

## TOWN OF SALEM APPROVAL FORM

**APPLICANT NAME** \_\_\_\_\_ **DATE (S) OF EVENT:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

*This application must be presented by appointment to the town agencies listed below for review and, when applicable, their approval/denial.*

**TO TOWN OFFICIALS:** *The above named applicant has filed a request for a permit for a Special Event. Please review the attached material and sign off with your approval, denial or any requirements or special orders needed prior to final approval. Please attach additional paperwork if necessary.*

**BOARD OF SELECTMEN Reviewed by** \_\_\_\_\_

Official Signature/Date

Permit needed \_\_\_\_ (copy of permit attached) No Permit Needed \_\_\_\_

Additional Comments/ Recommendations/Requirements

**POLICE DEPARTMENT Reviewed by** \_\_\_\_\_

Official Signature/Date

Permit needed \_\_\_\_ (copy of permit attached) No Permit Needed \_\_\_\_

Additional Comments/ Recommendations/Requirements

**FIRE MARSHAL Reviewed by** \_\_\_\_\_

Official Signature/Date

Permit needed \_\_\_\_ (copy of permit attached) No Permit Needed \_\_\_\_

Additional Comments/ Recommendations/Requirements

**PLANNING & ZONING Reviewed by** \_\_\_\_\_

Official Signature/Date

Permit needed \_\_\_\_ (copy of permit attached) No Permit Needed \_\_\_\_

Additional Comments/ Recommendations/Requirements

**HEALTH DEPT Reviewed by** \_\_\_\_\_

Official Signature/Date

Permit needed \_\_\_\_ (copy of permit attached) No Permit Needed \_\_\_\_

Additional Comments/ Recommendations/Requirements

**BUILDING OFFICIAL Reviewed by** \_\_\_\_\_

Official Signature/Date

Permit needed \_\_\_\_ (copy of permit attached) No Permit Needed \_\_\_\_

Additional Comments/ Recommendations/Requirements